

**Novel Coronavirus (2019-nCoV)  
Guidance to Scale up Country Preparedness  
and Operational Readiness**

**Eastern Mediterranean Region**

**January 2020**



## **I. Purpose of the Guidance**

This document has been developed to guide countries in the region on areas of work and their related priority actions, to scale up their preparedness and operational readiness capacities to prevent, early detect, and rapidly respond to the novel coronavirus (2019-nCoV) as required under the International Health Regulations (IHR 2005). Existing national plans such as pandemic influenza plan or other respiratory disease plan can be used as a reference.

The true extent of 2019-nCoV remains unclear as events continue to unfold. This is a rapidly evolving situation and investigations are ongoing to learn more. Additional actions might be recommended accordingly.

## **II. Background and Situation Analysis**

Coronaviruses are zoonotic viruses that circulate amongst animals. Some have been identified in humans, causing illness ranging from mild cold symptoms to severe illness.

On 31 December 2019, the WHO received notification of a significant number of cases of pneumonia in Wuhan, China. On 7 January 2020, Chinese authorities confirmed that the identified virus and causative agent was a coronavirus (2019-nCoV). While severe illness, including illness resulting in several deaths, has been reported in China, other patients have had a milder illness and were discharged. As of 27 January 2020, 11 Member States other than China were affected. Preliminary investigations in China confirmed human-to-human transmission occurring.

## **III. 2019-nCoV Risk Analysis in the Eastern Mediterranean Region**

WHO assessed risk of this public health event as very high in China, high in the Western Pacific region and global levels. As stated by the IHR Emergency Committee for the 2019-nCoV convened on 22 and 23 January that *“it’s expected that further international exportation of cases may appear in any country. Thus, all countries should be prepared for containment, including active surveillance, early detection, isolation and case management, contact tracing and prevention of onward spread of 2019- nCoV infection, and to share full data with WHO”*

IHR capacities have been improved over the past years; however, in light of the above, countries of the Eastern Mediterranean Region are increasingly concerned about the importation of the virus and its onwards transmission because of the international flights countries receive from due to the fact that Chinese international airports have direct/indirect flights to countries of the region; and many countries in the Region are experiencing or recovering from complex emergencies with fragile health systems.

## **IV. Areas of work and priority actions**

### **i. Provide leadership and coordination**

- a. Apply existing public health emergency preparedness and response plans
- b. Activate existing national emergency response committee/s with a mechanism for timely information sharing between the different stakeholders and ensure the involvement of the IHR national focal point
- c. Activate the Emergency Operation Centres at national and sub-national levels to ensure multi-sectoral proper coordination and response, including incident management system

that includes all concerned parties.

- d. Ensure availability of a national roster of trained health cadre covering different functions ready to be deployed to the field
- e. Conduct a simulation exercise for 2019-nCoV to test relevant existing plan(e.g. national influenza/respiratory/emerging disease preparedness plan)
- f. Conduct a national risk assessment for 2019-nCoV, when needed to inform preparedness and response measures
- g. Ensure availability of financial resources for response operations

## **ii. Enhance capacities required under the IHR (2005) at international Points of Entry**

- a. Ensure coordination between different sectors at points of entry and a mechanism of information sharing, including about ill travellers
- b. Develop/update the public health emergency contingency plan at points of entry and update and disseminate SOPs for the detection, investigation and management of passengers with respiratory infections detected at points of entry and on-board of conveyances
- c. Ensure the availability of trained staff at PoE on the appropriate action to early detect, investigate and manage ill passenger(s) among incoming travellers
- d. Ensure coordination with airline companies to raise awareness of flight attendants and facilitate the implementation of the procedures
- e. Identify and prepare appropriate facilities (including with supplies) for assessment and isolation of suspected cases at the PoE and ensure a mechanism is in place for safe transportation of suspected cases to designated hospitals, including the availability of adequate ambulance services
- f. Provide incoming and outgoing travellers from/to affected Member States with relevant information about the disease (brochures, messages, etc.)

## **iii. Strengthen surveillance and reporting systems**

- a. Disseminate standard case definitions, case investigation and follow up for active surveillance of 2019-nCoV to all surveillance sites
- b. Collect daily information relevant to 2019-nCoV through social media, local newspapers, community (event-based surveillance)
- c. Ensure a reporting mechanism (SMS, calls, emails, fax) is in place for the timely sharing of information across the different administrative levels
- d. Ensure the surveillance system covers laboratory, private sector and other relevant health providers with direct line of communication with the national IHR Focal point.
- e. Ensure timely notification using the WHO Interim case reporting form for 2019 Novel Coronavirus (2019-nCoV) of confirmed and probable cases, and sharing of information with WHO, within 24 hours of identification
- f. Enhance/establish existing acute respiration infection surveillance system, as needed

## **iv. Improve case management**

- a. Designate referral facilities for case management and map existing public/private health facilities including their levels of care/capacities for surge response
- b. Distribute and ensure hard copies of case management guidelines for 2019-nCoV are visible and readily available in all the health facilities (MERS guidance can be used until 2019-nCoV becomes available)
- c. Ensure a triage system is implemented in health care settings particularly for patients with acute respiratory symptoms to prevent or reduce spread of infections

- d. Strengthen referral system of suspected/confirmed cases to designated health facilities providing care to patients with Acute Respiratory Infection and 2019-nCoV
- e. Train and refresh medical/ambulatory teams in the management of ARI and 2019-nCoV
- f. Establish plans for health service continuity (facilities, personnel, medicines, supplies, medical devices), clinical management and excess mortality
- g. Establish and train medical teams to carry out safe and respectful burials

**v. Enhance national and healthcare facility infection prevention and control (IPC) measures**

- a. Identify IPC surge capacity (plans and resources), preferably those with previous experience in managing respiratory pathogens, that can be allocated in strategic areas of the response
- b. Undertake risk assessment of IPC capacity at all the levels of healthcare system (includes availability of triage and appropriately ventilated isolation rooms); based on this, define referral pathway in collaboration with case management capacity
- c. Ensure IPC compliance with basic IPC principles at first point of care of patients (usually primary care or outpatient clinics in hospitals): triage, early recognition, standard precautions, isolation capacity and referral procedures
- d. Review and disseminate (visibly display) existing IPC protocols, including for triage and early detection of suspected cases of 2019-nCoV. These should align with WHO IPC guidance on 2019-nCoV and train personnel to implement IPC protocols in all identified health care facilities
- e. Ensure protocol in place for assessing and managing HCWs with risk of exposure to nCoV
- f. Ensure a mechanism of rapid notification of cases to IPC teams in health care facilities is in place and subsequently to national IPC leads

**vi. Improve access to quality diagnostics testing and rapid turnaround of results**

- a. Establish 2019-nCoV testing capacity in the country
- b. Coordinate and build capacity for collection, storage and transportation of samples and establish a process for shipment of specimens to international reference laboratories
- c. Establish surge plans in to be used in times of increased testing demands

**vii. Improve risk communication and community engagement**

- a. Activate/ develop national risk communication and community engagement plans and develop/adapt related SOPs for 2019-nCoV
- b. Identify a media spokesperson(s) and develop regular talking points for all people designated to talk to the media
- c. Identify and coordinate with partners-such as other agencies, organizations, community planners, key influencers and healthcare workers for multi-sectoral collaboration
- d. Conduct risk communication campaigns, as required
- e. Timely disseminate credible information and messages targeting different audiences in appropriate formats using different communication channels (mass media, mobile applications and SMS, hotlines and so on) and ensure highest levels of government agreement with the strategy
- f. Establish systems to detect and rapidly address misinformation
- g. Develop mechanism for rapid clearance of key messages
- h. Identify and train teams for risk communication and community engagement
- i. Open two way 'channels' to public information sharing such as hotlines, monitoring and responsive social media or radio shows
- j. Train media on principles of risk communication and their role in an outbreak

**viii. Improve logistics, procurement and supply management**

- a. Designate a single focal point for communicating needs to WHO and share the nomination with the WHO/WCO
- b. Identify and summarize the items, specifications, and quantities of medical supplies required
- c. Engage internal regulatory bodies (i.e. national pharmaceutical regulatory board) to obtain blanket approvals for the importation of WHO-Procured 2019-nCoV medical supplies to eliminate the need for Green Light approvals
- d. Engage the Ministry of Foreign Affairs to request a temporary waiver of customs clearance formalities for the immediate importation of WHO-Procured 2019-nCoV supplies
- e. Provide storage capacity of MOH storage facilities
- f. Upon receipt of WHO-Procured supplies, provide estimates for re-supply (items, quantities, dates needed by)
- g. Identify logistics support requirements (HR) to facilitate the receipt, transport, storage, distribution, and tracking/reporting activities

**ix. Strengthen rapid response capacities at national and subnational levels**

- a. Identify members of multidisciplinary rapid response team (s) at the different administrative levels, as appropriate, and assign roles
- b. Ensure the mechanism of activation and deployment of rapid response team (s) is in place
- c. Disseminate 2019-nCoV guidelines, SOPs and tools to rapid response teams and train them accordingly
- d. Establish a system for contact tracing and monitoring

**Resources:**

WHO situation reports, technical guidance, travel advice, advice for public and other relevant resources are continuously being updated and are available on:

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

WHO online course with general introduction on methods for detection, prevention, response and control of emerging respiratory viruses, including nCoV is available on:

<https://openwho.org/courses/introduction-to-ncov>